

Provider Portal Access Form

Names:

Address:

Phone:

Fax:

Email:

Provider Name	NPI

Do you have more than one location? If so, please provide the location details.

How do you want to get your reports? - (Select the option (s) below)

- Email
 Fax

**The benefit of the portal access, you have access to your reports should the fax or email option fails.
 Would you like portal access? (Circle Yes or No) YES or NO**

**Once the form is completed, please email it to:
 If you have any questions, please call Erika Haeffner**

**Erika@reliancemedlabs.com
 (940) 597-4668**